DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 9/03/11

PRINTED: 07/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445242	A. BUILDING _____ B. WING _____	07/20/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREYSTONE HEALTH CARE CENTER	181 DUNLAP ROAD, PO BOX 1133 BLOUNTVILLE, TN 37617

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An annual Recertification survey and Complaint Investigation #27828 and #28408 were completed on July 18-20, 2011, at Greystone Health Care Center. No deficiencies were cited related to Complaint Investigation #27828 and #28408 under 42 CFR Part 482.13, Requirements for Long Term Care.	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to update the care plan for pressure ulcers for one resident (#4) of	F 280	The care plan for resident #4 was updated on 7/20/11 by the Unit Manager to reflect the current status of his wounds. Care Plans were reviewed for current residents with wounds to reflect the current status of their wounds. MDS nurses, Unit Mangers, and licensed staff were re-educated by the DON on 7/20/11 regarding updating care plans of residents with wounds to reflect the current status of their wounds. Care Plan audits of residents with wounds will be completed by the DON/designee weekly for 4 weeks, every 2 weeks for 1 month, monthly for 1 month, and then quarterly for inclusion of the current status of wounds. Audit results will be presented by DON and reviewed monthly in QA Meeting with revision to plan as deemed by the QA Committee.	8/15/2011

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 8/3/11

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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F 280	Continued From page 1 the twenty four residents reviewed. The findings included: Resident #4 was admitted on April 22, 2011, with diagnoses of Paraplegia, Pneumonia, Neurogenic Bladder, and a stage four sacral decubitus ulcer (pressure ulcer). Medical record review of Physician's Progress Notes and Laboratory reports for April-June 2011 revealed the resident had Pneumonia, Urinary Tract Infection, low Albumin and nutritional deficits. Continued medical record review of the Physician's Progress Notes and Dietician Notes revealed interventions to treat the pneumonia and nutritional deficits. Medical record review of the Wound/Skin Records revealed the resident developed five pressure ulcers to the bilateral feet on June 1, 2011, and 2 pressure ulcers to the bilateral feet on June 11, 2011. Medical record review of the care plan dated April 12, 2011, and updated July 11, 2011, revealed "...risk for skin breakdown due to incontinent of bowel, paraplegia, and wounds...and...alteration in skin integrity related to stage IV pressure ulcer to sacral area..." Medical record review of the current care plan revealed no specific care planning strategies related to the stage IV ulcer, the right upper and lower heel ulcers, the left heel ulcer, the left back of the heel ulcer and the ulcers on the left 3rd and 5th toes. Observation on July 20, 2011, at 2:45 p.m., in the resident's room, with Licensed Practical Nurse (LPN) #1, revealed wounds to the right upper and lower heel, right outer foot, left heel, left back of	F 280		

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F 280	Continued From page 2 the heel, the left 3rd and 5th toes and the sacrum. Interview with the Unit Manager on July 19, 2011, at 3:00 p.m., in the conference room, confirmed the current care plan had not been updated to reflect the current status of the pressure ulcers.	F 280		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to maintain the dietary department in a clean and sanitary manner. The findings including: Observation of the dietary department, on July 18, 2011, at 10:00 a.m., with the Dietary Manager revealed nine serving pans of various sizes were found stacked either wet or with flakes of food inside the pans. Observation of the dietary department on July 18, 2011, at 12:00 noon, revealed the dietary manager, who was taking the food temperatures,	F 371	Nine serving pans of various sizes were cleaned and air dried on 7/18/11. The food thermometer was cleansed with alcohol preps between foods when taking food temperatures on 7/19/11. The Administrator completed sanitation rounds to check for wet nesting and sanitation of the food thermometer with alcohol preps between foods when taking food temperatures. The Dietary Manager and dietary staff were re-educated by RD on 7/28/11 regarding wet nesting and sanitation of the food thermometer between taking food temperatures. The Administrator/designee will audit for wet nesting and sanitation of the food thermometer 5 times weekly for 2 weeks, 3 times weekly for 2 weeks, twice monthly for 4 weeks, and then twice monthly. Continue next page	8/15/2011

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F 371	Continued From page 3 placed the thermometer into a variety of fourteen different foods, and cleaned the thermometer with a brown paper hand towel or failed to clean the probe between the foods. Review of the facility policy for Sanitization in the food service area (kitchen) revealed "...Food preparation equipment and utensils that are manually washed will be allowed to dry." Interview with the Registered Dietitian on July 19, 2011, at 2:25 p.m., by telephone, confirmed the thermometer probe should be cleaned with alcohol preps between foods when taking the temperatures and the policy was not followed for washing and air drying the serving pans.	F 371	Dietary Manager will present results of the audits at the monthly QA meeting for review and further recommendations.	